

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27835  
Registration District No. 1001  
Registrar's No. 826

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2234 Jule  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 63 years (Specify whether  
in this community 63 years years, months or days)

3. (a) PRINT FULL NAME Mary E. Wilson

3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Cyril F. Wilson 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 11 1853 (Month) (Day) (Year)

8. AGE: Years 37 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Hallsport New York (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Sidney O. Thomas

13. Birthplace Penyen New York (City, town, or county) (State or foreign country)

14. Maiden name Juriet Cobb

15. Birthplace Unknown New York (City, town, or county) (State or foreign country)

16. (a) Informant Maurice E. Wilson

(b) Address 2234 Jule - St Joseph Mo

17. (a) burial (b) Date thereof 8/18/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cem.

18. (a) Signature of funeral director Heaton-BeGole & Bowman

(b) Address St. Joseph

19. (a) 8/18/41 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2234 Jule (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from August 10th 1941 to August 15th 1941.  
that I last saw him alive on August 15th 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 6 days

Due to arteriosclerosis

Due to

Other conditions hypertension (Include pregnancy within 3 months of death)

Major findings: Of operations 83A

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (Specify type of place) Means of injury

23. Signature [Signature] (M. D. or other)

Address [Signature] Date signed 8/17/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 1 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Aug 15  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

W. B. Summerfield

Licensed Embalmer No. 3007

P. O. 349 do 104 H. J. J. J. J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.